

Ohio Department of Rehabilitation and Correction  
**Request For Religious Accommodation**

**To: Chaplain's Office**

**From:**

Offender Name:	Number:
Institution:	Date:

1. What is the religion to which you belong?
  
  
  
  
  
  
  
  
  
  
2. What is the specific accommodation that you are requesting?
  
  
  
  
  
  
  
  
  
  
3. What is the basis for your requested religious accommodation (How is your request supported by the writings or traditions of your religion)?
  
  
  
  
  
  
  
  
  
  
4. Who are the religious leaders who can verify this request (*Please give address and phone numbers, if available*)?

Offender's Signature:	Date:
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***This form is for approval of religious practices or beliefs not currently approved by the ODRC.***